U.S. DEPRRTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

National Flood Insurance Program

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION			For Ir	nsurance Company Use:
. Building Owner's Name DAVID C. & LORI A. STEPP			Policy	y Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 8222 INGLETON CIRCLE			Comp	pany NAIC Number
City EASTON State MD ZIP Code 21601				
A3. Property Description (Lot and Block Numbers, Tax Parcel LOT 39, INGLETON ON THE MILES, TAX MAP 33, GRID 2, F				
 A4. Building Use (e.g., Residential, Non-Residential, Addition, A5. Latitude/Longitude: Lat. 38 46'37"N Long. 76 09'43"W A6. Attach at least 2 photographs of the building if the Certifica A7. Building Diagram Number 1B A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 	ite is being used to obtain	Horizontal D flood insurance. 9. For a building with an a) Square footage or	attached gar f attached gar flood opening	rage <u>N/A</u> sq ft gs in the attached garage
c) Total net area of flood openings in A8.b d) Engineered flood openings? Yes No	o sq in	c) Total net area of fd) Engineered flood	flood opening	
SECTION B - FLOOD	INSURANCE RATE N			
B1. NFIP Community Name & Community Number 240066	B2. County Name TALBOT COUNTY		B3. Stat	
B4. Map/Panel Number B5. Suffix B6. FIRM Index 0023 A Date	B7. FIRM Pa Effective/Revise MAY 15,198	Date Zone(s)) /	Base Flood Elevation(s) (Zone AO, use base flood depth) 7.0
☐ FIS Profile ☐ FIRM ☐ Community De Indicate elevation datum used for BFE in Item B9: ☐ NG Is the building located in a Coastal Barrier Resources System Designation Date	VD 1929 ☐ NAV tern (CBRS) area or Othe			☐ Yes
SECTION C - BUILDING	ELEVATION INFORM	ATION (SURVEY REC	QUIRED)	
C1. Building elevations are based on: *A new Elevation Certificate will be required when construct C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1- below according to the building diagram specified in Item A	ion of the building is comp V30, V (with BFE), AR, A	R/A, AR/AE, AR/A1-A30,	_	inished Construction O. Complete Items C2.a-h
Benchmark Utilized RM89 Vertical Datum NGVD 1929				
Conversion/Comments NO		Check the mea	asurement use	ed
a) Top of bottom floor (including basement, crawlspace, or	or enclosure floor) 9.35	☑ feet ☐ meters		
b) Top of the next higher floor	N.A	☐ feet ☐ meters		
c) Bottom of the lowest horizontal structural member (V Z		feet meters		• •
d) Attached garage (top of slab)	N.A	☐ feet ☐ meters		
 e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Comments 	the building <u>N</u> .A	☐ feet ☐ meters	(Pueno Rico (only)
f) Lowest adjacent (finished) grade next to building (LAG	<u>9.1</u>	☐ meters	(Puerto Rico	only)
g) Highest adjacent (finished) grade next to building (HAC		☑ feet ☐ meters		
 h) Lowest adjacent grade at lowest elevation of deck or si structural support 	tairs, including <u>N</u> .A	☐ feet ☐ meters	(Puerto Rico	only)
SECTION D - SURVEYO	OR, ENGINEER, OR A	RCHITECT CERTIFIC	ATION	
This certification is to be signed and sealed by a land surveyor, information. I certify that the information on this Certificate repil understand that any false statement may be punishable by fin	resents my best efforts to	interpret the data availab	ole.	O Kir
Check here if comments are provided on back of form.		ude in Section A provide		Stence H. Will As
tifier's Name CLARENCE H. MILLER	-	Number 4011		
Title PRESIDENT Company Name	LAND SURVEYS, INC			TO AOIL
Address 14 SO. 3 RD STREET, P.O. BOX 397	City DI	ENTON State MD		ACOUSTERED AND MANAGEMENT AND MANAGE
Signature / Date	1/5/2012 Telepho	one 410-820-5112		***************************************

Building PhotographsSee Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8222 INGLETON CIRCLE	Policy Number
City EASTON State MD ZIP Code 21601	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.

FRONT VIEW 1/5/2012



Rear View 1/5/2012



